

Case Number:	CM15-0090116		
Date Assigned:	06/24/2015	Date of Injury:	02/27/2015
Decision Date:	08/11/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female, who sustained an industrial injury on 2/27/2015. She reported a burning sensation and sharp pain to her middle and lower back. Diagnoses have included lumbar muscle spasm and lumbar sprain/strain. Treatment to date has included chiropractic treatment and medication. According to the progress report dated 4/15/2015, the injured worker complained of intermittent, mild, low back pain. Physical exam revealed tenderness to palpation of the lumbar paravertebral muscles. It was noted that the injured worker had developed sleep disturbances. Authorization was requested for extracorporeal shockwave therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Extracorporeal Shockwave Therapy for the Lumbar Spine 1 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shockwave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy.

Decision rationale: Regarding the request for ESWT for the lumbar spine, California MTUS does not address the issue. The Official Disability Guidelines specifically do not recommend shockwave therapy for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. The direct excerpt from the Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy is as follows: "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)" Given this direct non-recommendation by guidelines, the currently requested ESWT for lumbar spine is not medically necessary.